

# **EXHIBIT A**

# COUNTY OF SUFFOLK

## FINANCIAL DISCLOSURE STATEMENT 2017

**Reporting Year: January 1st 2016 - December 31st 2016**

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME TELEPHONE (AREA CODE)
McPARTLAND	CHRISTOPHER	A	631-651-9248
HOME ADDRESS (NUMBER, STREET, APARTMENT NUMBER)		CITY	STATE ZIP CODE
26 DUKE CT.		NORTHPORT	NY 11768
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE
NOT DIFFERENT			
AGENCY/DEPARTMENT/OTHER	POSITION/TITLE	COUNTY	BUSINESS TELEPHONE (AREA CODE)
DISTRICT ATTORNEY'S OFFICE	ADA	SUFFOLK	631-853-4626
BUSINESS ADDRESS (NUMBER, STREET, APARTMENT NUMBER)		CITY	STATE ZIP CODE
BLDG 77, Wm Lindsay Courty Complex VETS Hwy		Hamden	NY 11788
MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER			
<input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> LEGALLY SEPARATED			
SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE):			
LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME (WHEN APPLICABLE)
McPARTLAND	EDIE	J	FENSTER
LIST BELOW THE NAMES OF ALL UNEMANCIPATED CHILDREN: <input type="checkbox"/> NONE			
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
McPARTLAND	REINORE		
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
McPARTLAND	BRIDGET		
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
McPARTLAND	AILEEN		

**PLEASE CHECK BOX IF YOU ARE FILING A FINANCIAL DISCLOSURE STATEMENT BECAUSE YOU CURRENTLY HOLD, OR ARE A CANDIDATE FOR ELECTION TO, ANY OF THE FOLLOWING OFFICES:**

- ☐ CURRENTLY HOLD    ☐ CANDIDATE FOR ELECTION OR RE-ELECTION  
☐ CANDIDATE FILLING VACANCY    ☐ WRITE-IN CANDIDATE

COUNTY EXECUTIVE

TREASURER

COMPTROLLER

DISTRICT ATTORNEY

CLERK

COUNTY LEGISLATOR \_\_\_\_ DISTRICT

LOCAL POLITICAL PARTY OFFICIAL

(Cover Page)

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## INSTRUCTIONS

Please read instructions before continuing. Initials are required below.

This Financial Disclosure Statement, hereafter referred to as "form", is compiled of this Instructions Page, Cover Page, and Pages 1-31 which include: Part I, Questions 1-17, Part II, Questions 18-29, Privacy Request, Page 30 and Attestation, Page 31.

- 1.) The Reporting Year is January 1<sup>st</sup>, 2016 through December 31<sup>st</sup>, 2016.
- 2.) All questions, 1 through 29 and including the cover page, must be answered and form must be notarized. Check boxes when applicable.
- 3.) The Cover Page is part of this form and must be completed in its entirety.
- 4.) Whenever a question requires a "value" or "amount", report it as being one of the following categories:

A = \$1,000 to under \$5,000	B = \$5,000 to under \$35,000
C = \$35,000 to under \$60,000	D = \$60,000 to under \$100,000
E = \$100,000 to under \$250,000	F = \$250,000 to under \$500,000
G = \$500,000 or over.	
- 5.) Whenever income is required to be reported herein, the term "income" shall mean the aggregate net income before taxes.
- 6.) Whenever you are asked to provide an address, the full address is required. A full address includes; Number, Street, City, State and Zip Code (in cases where there is no number please write "No Number").
- 7.) No abbreviations will be accepted on this form.
- 8.) If insufficient space is provided please provide a continuation page using the same format.
- 9.) No other attachments.
- 10.) All answers must be written clearly and legibly.
- 11.) Please refer to Chapter 77 of the Statute for definitions.

*Please initial here that you have read and understand these instructions:*

*Chap.*



## PART I

QUESTIONS 1 THROUGH 17 ARE TO BE COMPLETED WITH RESPECT TO THE PERSON REQUIRED TO FILE A FINANCIAL DISCLOSURE REPORT.

### Question 1 – Your County Employment/Services

Report employment or service with the County. Also report the income received from such employment or service during the reporting year.

1. Position: ASSISTANT DISTRICT ATTORNEY

Name and Address of County Agency: SUFFOLK COUNTY DISTRICT ATTORNEY'S OFFICE  
BLD 77 WM. LINDSAY CTY COMPLEX, VETS Hwy  
HARRISBURG NY 11788

Category of Income: E

2. Position: \_\_\_\_\_

Name and Address of County Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Category of Income: \_\_\_\_\_

## **Question 2 – Identification of Your Non-County Employer or Business**

Report any non-County employment and any business you engaged in during the reporting year. Also report if your non-County employment or business: (1) was licensed or regulated by any State or local agency; or (2) had business dealings with, or non-ministerial matters before, a State or local agency.

***If your response to this question is "None", check this box*** ☒

**1. Position:** \_\_\_\_\_

Nature of Business or Employment: \_\_\_\_\_

Name and Address of Employer or Business:

\_\_\_\_\_  
\_\_\_\_\_

Check box if your non-County employment or business:

☐ was licensed or regulated by any State or local agency; or

☐ had business dealings with, or non-ministerial matters before, a State or local agency.

Name of State or Local Agency (If Applicable): \_\_\_\_\_

**2. Position:** \_\_\_\_\_

Nature of Business or Employment: \_\_\_\_\_

Name and Address of Employer or Business:

\_\_\_\_\_  
\_\_\_\_\_

Check box if your non-County employment or business:

☐ was licensed or regulated by any State or local agency; or

☐ had business dealings with, or non-ministerial matters before, a State or local agency.

Name of State or Local Agency (If Applicable): \_\_\_\_\_



### Question 3 – Positions Held By You

Report each office, position, trusteeship\*, directorship and partnership other than political positions, you held during the reporting year, whether compensated or uncompensated. Also report if such office or position was licensed or regulated by a State or local agency; or had business dealings with, or non-ministerial matters before, a State or local agency.

If your response to this question is "None", check this box ☒

**1. Position:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Check box if your non-County employment or business:

☐ was licensed or regulated by any State or local agency; or

☐ had business dealings with, or non-ministerial matters before, a State or local agency.

Name of State or Local Agency (If Applicable): \_\_\_\_\_

**2. Position:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Check box if your non-County employment or business:

☐ was licensed or regulated by any State or local agency; or

☐ had business dealings with, or non-ministerial matters before, a State or local agency.

Name of State or Local Agency (If Applicable): \_\_\_\_\_

\* "Trusteeship" means as a member on a Board of Trustees; it does not mean as a trustee of a trust.



#### **Question 4 – Political Positions Held By You**

Report each political office, position, or membership on a political party committee which you held during the reporting year.

*If your response to this question is "None", check this box* ☒

1. **Position:** \_\_\_\_\_ Check Box if Held in Suffolk County ☐

Name of Organization: \_\_\_\_\_

2. **Position:** \_\_\_\_\_ Check Box if Held in Suffolk County ☐

Name of Organization: \_\_\_\_\_

3. **Position:** \_\_\_\_\_ Check Box if Held in Suffolk County ☐

Name of Organization: \_\_\_\_\_

4. **Position:** \_\_\_\_\_ Check Box if Held in Suffolk County ☐

Name of Organization: \_\_\_\_\_

5. **Position:** \_\_\_\_\_ Check Box if Held in Suffolk County ☐

Name of Organization: \_\_\_\_\_

### Question 5 – Your Non-County Income\*

Report the nature and amount of any income of \$1,000 or more, excluding County salary reported in Question 1, received from each source during the reporting year. For source, list the name of the firm, organization, financial institution, individual, or other entity from which the income was received.

*If your response to this question is "None", check this box*



1. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
Category of Amount: \_\_\_\_\_
2. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
Category of Amount: \_\_\_\_\_
3. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
Category of Amount: \_\_\_\_\_
4. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
Category of Amount: \_\_\_\_\_
5. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
Category of Amount: \_\_\_\_\_

\* "Income" includes, but is not limited to, income from compensated employment, directorships and other fiduciary positions, contractual arrangements, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, income derived from a trust, and income derived from real estate rents.



### Question 6 – Your Deferred Income

Report any deferred income of \$1,000 or more from each source that you earned or derived during the reporting year, but which was paid or will be paid after the close of the reporting year.

If your response to this question is "None", check this box ☒

1. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
2. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
3. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
4. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
5. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
6. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
7. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
8. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
9. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_
10. **Source:** \_\_\_\_\_ **Category of Amount:** \_\_\_\_\_



### Question 7 – Payments for County-Related Travel

Report if a non-governmental entity or person or a foreign government either paid directly or reimbursed you for travel-related expenses, in an amount of \$1,000 or more, for activities related to your official duties with the County.

*If your response to this question is "None", check this box* ☒

**1. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**2. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**3. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**4. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**5. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

### Question 8 – Gifts\* To You

Report any gift or gifts you received from the same donor, other than a relative\*\*, in the total amount or with a value of \$500 or more.

If your response to this question is "None", check this box ☒

1. **Name of Donor:** \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

2. **Name of Donor:** \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

3. **Name of Donor:** \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

4. **Name of Donor:** \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

5. **Name of Donor:** \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

\* "Gift" means a voluntary transfer, made gratuitously, of any real or personal property, benefit or gain. A gift may be in the form of money, service, loan, forgiveness of debt, discount travel, or entertainment.

\*\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.



### Question 9 – Your Agreements With Former Employers

Report any agreements that you have with a former employer for the continuation of payments or benefits to you of \$1,000 or more. Do not include income from any pension plan.

*If your response to this question is "None", check this box* ☒

**1. Parties to the Agreement:**

\_\_\_\_\_  
\_\_\_\_\_

Terms of the Agreement:

\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Payment or Benefit: \_\_\_\_\_

**2. Parties to the Agreement:**

\_\_\_\_\_  
\_\_\_\_\_

Terms of the Agreement:

\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Payment or Benefit: \_\_\_\_\_

**3. Parties to the Agreement:**

\_\_\_\_\_  
\_\_\_\_\_

Terms of the Agreement:

\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Payment or Benefit: \_\_\_\_\_

**4. Parties to the Agreement:**

\_\_\_\_\_  
\_\_\_\_\_

Terms of the Agreement:

\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Payment or Benefit: \_\_\_\_\_



### **Question 10 – Your Agreements For Future Employment**

Report any promise or agreement for future employment you have with any person or entity with respect to your employment after leaving your County officer or position.

*If your response to this question is "None", check this box* ☒

**1. Parties to the Promise or Agreement:**

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Terms of the Promise or Agreement:

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**2. Parties to the Promise or Agreement:**

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Terms of the Promise or Agreement:

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**3. Parties to the Promise or Agreement:**

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Terms of the Promise or Agreement:

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**4. Parties to the Promise or Agreement:**

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Terms of the Promise or Agreement:

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### Question 11 – Your Interest in Government Contracts

Report any interest of \$1,000 or more, in any contract made or executed by a State or local government agency.

If your response to this question is "None", check this box ☒

**1. Entity Which Held Interest in Contract:** \_\_\_\_\_

Your Relationship to Contracting Entity and Interest in Contract:

\_\_\_\_\_

Name of Contracting State or Local Agency:

\_\_\_\_\_

Category of Value of Contract: \_\_\_\_\_

**2. Entity Which Held Interest in Contract:** \_\_\_\_\_

Your Relationship to Contracting Entity and Interest in Contract:

\_\_\_\_\_

Name of Contracting State or Local Agency:

\_\_\_\_\_

Category of Value of Contract: \_\_\_\_\_

**3. Entity Which Held Interest in Contract:** \_\_\_\_\_

Your Relationship to Contracting Entity and Interest in Contract:

\_\_\_\_\_

Name of Contracting State or Local Agency:

\_\_\_\_\_

Category of Value of Contract: \_\_\_\_\_



## Question 12 – Your Investments in a Business

List the name, address and general description of the business activity or any entity in which you had an investment of \$1,000 or more during the reporting year. Exclude investments in securities and real estate.

If your response to this question is "None", check this box ☒

1. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

2. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

3. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

4. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_



### Question 13 – Your Securities\*

Report each security having a market value of \$1,000 or more which you held at the close of the reporting year. Report the percentage of ownership only if you hold more than 5% of the stock of a corporation.

If your response to this question is "None", check this box ☐

1. Issuing Entity: ALERIAN Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
2. Issuing Entity: CITIGROUP Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
3. Issuing Entity: CHEVRON Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
4. Issuing Entity: GROWLIFE Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
5. Issuing Entity: NORDIC AMERICAN TANKER Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
6. Issuing Entity: FORD MOTOR COMPANY Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
7. Issuing Entity: \_\_\_\_\_ Type of Security: \_\_\_\_\_  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: \_\_\_\_\_
8. Issuing Entity: \_\_\_\_\_ Type of Security: \_\_\_\_\_  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

\* "Securities" means stocks (any class), bonds, mutual funds, stock options, warrants, obligations, notes, mortgages (not including on your home), and such other evidences of indebtedness.

### Question 14 – Your Clients or Customers

If you personally provided services to a person or entity, or if you have an ownership interest\* in a firm that provided services to a person or entity, then identify each client or customer to whom you personally provided services or to whom the firm provided services, for paid compensation, in connection with: a) a proposed resolution or local law in the County Legislature b) a contract with the County c) a grant from the County d) or a case, proceeding, application or other matter, that is not a ministerial matter, before a County agency.

*If your response to this question is "None", check this box* ☒

**1. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

**2. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

**3. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

\* "Ownership Interest" means an interest which exceeds 5% of the firm or an investment of \$25,000 in cash or other form of commitment, whichever is less, and any lesser interest if you are an officer of the firm or exercise management control or responsibility regarding the firm.



### Question 15 – Your Real Estate

Report any real estate in which you have a vested or contingent interest valued at \$1,000 or more.

If your response to this question is "None", check this box ☐

1. Address: 26 DUNE CT. General Nature: RESIDENCE  
NORFOLK CT 11768 Acquisition Date (MM/YY): 06/04  
Percentage of Ownership: 100 % Category of Value of Property: F  
JOINT WITH WIFE SUBJECT TO MORTGAGE
2. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_ Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value of Property: \_\_\_\_\_
3. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_ Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value of Property: \_\_\_\_\_
4. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_ Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value of Property: \_\_\_\_\_
5. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_ Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value of Property: \_\_\_\_\_

### Question 16 – Money Owed to You

Report each loan, note or account receivable in the amount of \$1,000 or more owed to you during the reporting year, i.e., who owed you money and how much. Do not include loans to relatives\*.

If your response to this question is "None", check this box ☒

1. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

2. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

3. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.



### Question 17 – Money You Owe

Report each lender (other than a relative\*)

- (1) to whom you owed \$5,000 or more for a period of 90 consecutive days during the reporting year; or
- (2) to whom you owe \$5,000 or more on the date you file this report.

If your response to this question is "None", check this box ☐

1. Name of Lender: NATIONSTAR MORTGAGE

Name of Guarantor (where applicable): SELF + WIFE

Type of Liability and Collateral (if any): MORTGAGE FOR RESIDENCE

Category of Amount: E

2. Name of Lender: CHASE

Name of Guarantor (where applicable): SELF + WIFE

Type of Liability and Collateral (if any): HELOC

Category of Amount: E

3. Name of Lender: Navy Federal Credit Union

Name of Guarantor (where applicable): SELF + WIFE

Type of Liability and Collateral (if any): CREDIT CARD

Category of Amount: B

4. LENDER: NAVIENT (SALLIE MAE)

GUARANTOR: SELF

TYPE OF LIABILITY: STUDENT LOAN

CATEGORY: E

5. LENDER: THECLA McPARTLAND

GUARANTOR: SELF

LOAN: PERSONAL

CATEGORY: D

6. LENDER: ANTHONY DORAZIO

GUARANTOR: SELF

LOAN: PERSONAL

CATEGORY: B

7. LENDER: HUNTINGTON BANK

GUARANTOR: SELF

LOAN: CAR CATEGORY: B

8. LENDER: CHASE BANK

GUARANTOR: SELF

LOAN: CAR

CATEGORY: B

\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.



## PART II

QUESTIONS 18 – 29 ARE TO BE COMPLETED WITH RESPECT TO THE FILING INDIVIDUAL'S SPOUSE OR DOMESTIC PARTNER AND/OR UNEMANCIPATED CHILD(REN).

**ATTENTION:** YOU MUST ANSWER ALL QUESTIONS 18-29. CHECK BOX IF QUESTION IS NOT APPLICABLE.

### Question 18 – Identification of Non-County or Non-State Employer or Business of Your Spouse or Domestic Partner and Unemancipated Child(ren)

Report any non-County employment and any business your spouse or domestic partner or unemancipated child(ren) engaged in during the reporting year.

*If your response to this question is "None", check this box* ☐

*If your response to this question is "Not Applicable", check this box* ☐

1. **Position:** REGISTERED NURSE Nature of Business or Employment: HOME HEALTH AGENCY

Name of Spouse/Domestic Partner ☒ or Unemancipated Child ☐: EDIE McPARTLAND

Name and Address of Employer or Business: VISITING NURSE AND HOSPICE OF SUFFOLK  
505 MAIN ST.

NORFOLK M.Y. 11768

2. **Position:** CAMP COUNSELOR Nature of Business or Employment: SUMMER CAMP

Name of Spouse/Domestic Partner ☐ or Unemancipated Child ☒: DEIRDRE McPARTLAND

Name and Address of Employer or Business: SPRINTIME

275 OLD INDIAN HEAD RD.

KINGS PARK NY 11754

3. **Position:** CAMP COUNSELOR Nature of Business or Employment: SUMMER CAMP

Name of Spouse/Domestic Partner ☐ or Unemancipated Child ☒: BRIDGET McPARTLAND

Name and Address of Employer or Business: SPRINTIME

275 OLD INDIAN HEAD RD.

KINGS PARK NY 11754

4. **POSITION:** OFFICE ASSISTANT, **NATURE OF BUSINESS:** DOCTOR'S OFFICE  
**UNEMANCIPATED CHILD:** -18-BRIDGET,  
**NAME / ADDRESS:** DR SUSAN GUNDLICH  
351 LARKFIELD RD  
EAST NORFOLK N.Y. 11731



**Question 19 – Positions Held by Your Spouse or Domestic Partner and Unemancipated Child(ren)**

Report each office, position, trusteeship\*, directorship, and partnership, other than political positions, held during the reporting year by your spouse or domestic partner or unemancipated child(ren) whether compensated or uncompensated. Also report if such office or position: (1) was licensed or regulated by a State or local agency; or (2) had business dealings with, or non-ministerial matters before, a State or local agency.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

**1. Position:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of State or Local Agency (Where Applicable): \_\_\_\_\_

Name of Spouse/Domestic Partner ☐ **or** Unemancipated Child ☐ Position is Held By: \_\_\_\_\_  
\_\_\_\_\_

**2. Position:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of State or Local Agency (Where Applicable): \_\_\_\_\_

Name of Spouse/Domestic Partner ☐ **or** Unemancipated Child ☐ Position is Held By: \_\_\_\_\_  
\_\_\_\_\_

\* "Trusteeship" means as a member on a Board of Trustees; it does not mean as a trustee of a trust.

### Question 20 – Income of Your Spouse or Domestic Partner

Report the nature and amount of any income of \$1,000 or more, received from each source during the reporting year by your spouse or domestic partner. For source, list the name of the firm, organization, financial institution, individual, or other entity from which the income was received.

If your response to this question is "None", check this box ☐

If your response to this question is "Not Applicable", check this box ☐

1. **Source:** VISITING NURSE SERVICE **Nature:** EMPLOYER HEALTH AGENCY  
AND HOSPICE OF NEW YORK **Category of Amount:** E

2. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
**Category of Amount:** \_\_\_\_\_

3. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
**Category of Amount:** \_\_\_\_\_

4. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
**Category of Amount:** \_\_\_\_\_

5. **Source:** \_\_\_\_\_ **Nature:** \_\_\_\_\_  
**Category of Amount:** \_\_\_\_\_



**Question 21 – Gifts\* to Your Spouse or Domestic Partner and  
Unemancipated Child(ren)**

Report any gift or gifts your spouse or domestic partner or unemancipated child(ren) received from the same donor, other than a relative\*\*, in the total amount or with a value of \$500 or more.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

**1. Name of Donor:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

**2. Name of Donor:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

**3. Name of Donor:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

**4. Name of Donor:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Nature of Gift: \_\_\_\_\_ Category of Value: \_\_\_\_\_

\* "Gift" means a voluntary transfer, made gratuitously, of any real or personal property, benefit or gain. A gift may be in the form of money, service, loan, forgiveness of debt, discount travel, or entertainment.

\*\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.

**Question 22 – Interest in Government Contracts of Your Spouse or Domestic Partner and Unemancipated Child(ren)**

Report any interest of \$1,000 or more held by your spouse or domestic partner or unemancipated child(ren) in any contract made or executed by a State or local government agency.

**If your response to this question is "None", check this box** ☒

**If your response to this question is "Not Applicable", check this box** ☐

**1. Individual Which Held Interest In Contract:**

Spouse/Domestic Partner ☐ or Unemancipated Child ☐: \_\_\_\_\_

Entity Which Held Interest In Contract (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Individual's Relationship to Entity (If Applicable): \_\_\_\_\_

Name of Contracting State or Local Agency:  
\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Interest: \_\_\_\_\_

**2. Individual Which Held Interest In Contract:**

Spouse/Domestic Partner ☐ or Unemancipated Child ☐: \_\_\_\_\_

Entity Which Held Interest In Contract (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Individual's Relationship to Entity (If Applicable): \_\_\_\_\_

Name of Contracting State or Local Agency:  
\_\_\_\_\_  
\_\_\_\_\_

Category of Value of Interest: \_\_\_\_\_



**Question 23 – Payment for County-Related Travel to Your Spouse or Domestic Partner**

Report if a non-governmental entity or person or a foreign government either paid directly or reimbursed you or your spouse or domestic partner for travel-related expenses of your spouse or domestic partner, in an amount of \$1,000 or more, for activities related to your official duties with the County.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

**1. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**2. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**3. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**4. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**5. Source:** \_\_\_\_\_

Description of Expenses Reimbursed: \_\_\_\_\_

Category of Value of Reimbursement: \_\_\_\_\_

**Question 24 – Your Spouse’s or Domestic Partner’s Investments  
in a Business**

List the name, address and general description of the business activity or any entity in which your spouse or domestic partner had an investment of \$1,000 or more during the reporting year. Exclude investments in securities and real estate.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

1. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

2. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

3. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_

4. **Name and Address of Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_ Category of Value of Investment: \_\_\_\_\_



### Question 25 – Securities\* Held by Your Spouse or Domestic Partner

Report each security having a market value of \$1,000 or more held by your spouse or domestic partner at the close of the reporting year. Report the percentage of ownership only if your spouse or domestic partner holds more than 5% of the stock of a corporation.

If your response to this question is "None", check this box ☐

If your response to this question is "Not Applicable", check this box ☐

1. Issuing Entity: ALDLIN Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
2. Issuing Entity: CITIBANC Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
3. Issuing Entity: Chenon Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
4. Issuing Entity: GNOWLIFE Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
5. Issuing Entity: Nordic American Tower Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
6. Issuing Entity: Ford Motor Company Type of Security: Common  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: A
7. Issuing Entity: \_\_\_\_\_ Type of Security: \_\_\_\_\_  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: \_\_\_\_\_
8. Issuing Entity: \_\_\_\_\_ Type of Security: \_\_\_\_\_  
Percentage of Corporate Stock: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

\* "Securities" means stocks (any class), bonds, mutual funds, stock options, warrants, obligations, notes, mortgages (not including on your home), and such other evidences of indebtedness.

## **Question 26 – Your Spouse’s or Domestic Partner’s Clients or Customers**

If your spouse or domestic partner personally provided services to a person or entity, or has an ownership interest\* in a firm that provides services to a person or entity, then identify each client or customer to whom your spouse or domestic partner personally provided services or to whom the firm provided services, for paid compensation, in connection with: a) a proposed resolution or local law in the County Legislature b) a contract with the County c) a grant from the County d) or a case, proceeding, application or other matter, that is not a ministerial matter, before a County agency.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

**1. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

**2. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

**3. Party that Received Services:** \_\_\_\_\_

Services Provided: \_\_\_\_\_

Description of County Law, Contract, Grant or Proceeding for Which Services Were Provided:

\_\_\_\_\_

\* "Ownership Interest" means an interest which exceeds 5% of the firm or an investment of \$25,000 in cash or other form of commitment, whichever is less, and any lesser interest if you are an officer of the firm or exercise management control or responsibility regarding the firm.



### Question 27 – Your Spouse's or Domestic Partner's Real Estate

Report any real estate in which your spouse or domestic partner had a vested or contingent interest valued at \$1,000 or more.

If your response to this question is "None", check this box ☐

If your response to this question is "Not Applicable", check this box ☐

1. Address: 26 DUNE CT. General Nature: RESIDENCE  
NEWTONPORT MA 01768 Acquisition Date (MM/YY): 06/04  
Percentage of Ownership: 100 % Category of Value: F  
JOINT WITH SPOUSE SUBJECT TO MORTGAGE

2. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_  
Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

3. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_  
Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

4. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_  
Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

5. Address: \_\_\_\_\_ General Nature: \_\_\_\_\_  
\_\_\_\_\_  
Acquisition Date (MM/YY): \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ % Category of Value: \_\_\_\_\_

### **Question 28 – Money Owed to Your Spouse or Domestic Partner**

Report each loan, note or account receivable in the amount of \$1,000 or more owed to your spouse or domestic partner during the reporting year, i.e., who owed your spouse or domestic partner money and how much. Do not include loans to relatives\*.

*If your response to this question is "None", check this box* ☒

*If your response to this question is "Not Applicable", check this box* ☐

4. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

5. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

6. **Name of Debtor:** \_\_\_\_\_

Type of Obligation: \_\_\_\_\_ Due Date (MM/YY): \_\_\_\_\_

Nature of Collateral (if any): \_\_\_\_\_

Category of Highest Amount Owed at Any Time During the Reporting Year: \_\_\_\_\_

Category of Amount Owed on December 31<sup>st</sup> of the Reporting Year: \_\_\_\_\_

\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.



### Question 29 – Money Your Spouse or Domestic Partner Owes

Report each lender (other than a relative\*):

- (2) to whom your spouse or domestic partner owed \$5,000 or more for a period of 90 consecutive days during the reporting year; or
- (2) to whom your spouse or domestic partner owed \$5,000 or more on the date you file this report.

If your response to this question is "None", check this box ☐

If your response to this question is "Not Applicable", check this box ☐

1. Name of Lender: NATIONSTAR MORTGAGE

Name of Guarantor (where applicable): SELF + SPOUSE

Type of Liability and Collateral (if any): MORTGAGE FOR RESIDENCE

Category of Amount: E

2. Name of Lender: CHASE

Name of Guarantor (where applicable): SELF + SPOUSE

Type of Liability and Collateral (if any): HOLDC

Category of Amount: E

3. Name of Lender: Navy FEDERAL CREDIT Union

Name of Guarantor (where applicable): SELF + SPOUSE

Type of Liability and Collateral (if any): CREDIT CARD

Category of Amount: B

\* "Relative" means spouse, domestic partner, parent, grandparent, son, daughter, brother, sister, brother-in-law, sister-in-law, parent-in-law, uncle, aunt, nephew, or niece.

## REQUEST FOR PRIVACY

List the question(s), page number(s) and the information that you are requesting be withheld from public inspection and *specify with particularity* the reasons for your request(s).

**A statement that your financial affairs are private will not, without more information, sustain a claim of privacy.**

I HAVE PROSECUTED VIOLENT FELONS, DRUG DEALERS,  
MEMBERS OF ORGANIZED CRIME AND CORRUPT PUBLIC OFFICIALS.  
THE RELEASE OF ANY INFORMATION CONTAINED HEREIN  
WILL JEOPARDISE THE PRIVACY AND SAFETY OF  
MYSELF AND MY FAMILY. I OBJECT TO THE  
RELEASE OF ANY INFORMATION. I SEEK AN OPPORTUNITY  
TO BE HEARD EACH TIME A REQUEST FOR MY  
INFORMATION IS MADE.



**ATTESTATION**

I hereby certify that I have read the foregoing thirty-one-page Statement, plus the cover page and instructions page, and that, to the best of my knowledge and belief, it is true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest herein.

Christopher McPartland  
(Signature)

CHRISTOPHER McPARTLAND  
(Print Name)

**STATE OF NEW YORK: COUNTY OF SUFFOLK**

Sworn to before me this 15<sup>th</sup> day of May, 2017

Cynthia Z. Scesny  
Notary Public, State of New York

(Affix Stamp):

CYNTHIA Z. SCESNY  
Notary Public, State of New York  
No. 01SC6074361, Suffolk County  
Term Expires May 13, 2018